

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 231

Primary Registration District No. 5453

Registrar's No. 181

63-009008

FILED AUG 5 1963

1. PLACE OF DEATH a. COUNTY <u>NODAWAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>NODAWAY</u>	
b. CITY (If outside corporate limits give TOWNSHIP only) OR TOWN <u>Maryville</u>		c. CITY OR TOWN <u>MARYVILLE</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>10 mi. S.</u>		d. STREET ADDRESS (If outside, give location) <u>951 S. MAIN</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>BERNARD Joseph Atchison</u>		4. DATE OF DEATH Month Day Year <u>7-13-1963</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>CAU</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-19-1936</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Civil Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Highway Dept.</u>	11. BIRTHPLACE (City and state or country) <u>Kansas City, Kans</u>
13a. FATHER'S NAME <u>G.M. Atchison, Sr.</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>		17. INFORMANT <u>G.M. Atchison, Maryville, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Brain Laceration severe</u> DUE TO (b) <u>Compound fracture of Skull</u> DUE TO (c) <u>Multiple Compound fractures + internal injuries</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Multiple Compound fractures + internal injuries</u> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Car he was driving collided</u>	
20c. TIME OF INJURY Hour a.m. <u>4:30</u> Month, Day, Year <u>7 13 63</u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>10 miles south of Maryville</u>		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <u>Maryville</u> COUNTY <u>Nodaway</u> STATE <u>Mo.</u>		
21. I attended the deceased from <u>4:50</u> to <u>5:00</u> and last saw her/him alive on <u>7-13-63</u> Death occurred at <u>4:50 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>B. J. Byland M.D.</u>		22b. ADDRESS <u>Maryville Mo</u>	
22c. DATE SIGNED <u>7/18/63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
23b. DATE <u>7-16-1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St. Patrick's</u>	
23d. LOCATION (City, town, or county) <u>Maryville, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>7-27-63</u>	
26. REGISTRAR'S SIGNATURE <u>Bess Holt</u>		27. FUNERAL DIRECTOR <u>Pettijohn - Crawford, Mound City, Mo.</u>	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

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Rev. 4/59

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OCT 3 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James H. Blawie

Licensed Embalmer No. 4796

P. O. Address Mount City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.